FORM D



03036899

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 29549

FORM O

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Éstimated average burden hours per response. 16.00

SEC US	SE ONLY
Prefix	Serial
DATE F	ECEIVED
	1

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Series B Preferred Stock	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 X Rule 506 Section 4(6	i) ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
DolphinSearch, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
474 East Main St., Ventura, CA 93001	(805) 585-2102
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	•
Information search and retrieval systems Type of Business Organization	- CECCED
Signature	(please specify): PROCEDULE
business trust limited partnership, to be formed	(please specify): PROCESSED NOV 1 4 2003
Month Year	NOV 14 2003
Actual or Estimated Date of Incorporation or Organization: 0 S S Actual Es	timated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Sta CN for Canada; FN for other foreign jurisdiction)	timated THOMSON ate: FINANCIAL
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation 77d(6).	D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offeri and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address giver which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C.	20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manu photocopies of the manually signed copy or bear typed or printed signatures.	ally signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only re thereto, the information requested in Part C, and any material changes from the information previously su not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim accompany this form. This notice shall be filed in the appropriate states in accordance with state latthis notice and must be completed.	e Securities Administrator in each state where sales for the exemption, a fee in the proper amount shall
ATTENTION —	
Failure to file notice in the appropriate states will not result in a loss of the federal appropriate federal notice will not result in a loss of an available state exemption u	

filing of a federal notice.

A. BASIC IDENTIFICATION DATA		
2. Enter the information requested for the following:		
• Each promoter of the issuer, if the issuer has been organized within the past five years;		
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of the control of the contro	of, 10% or more of	f a class of equity securities of the issuer.
Each executive officer and director of corporate issuers and of corporate general and man	aging partners of	partnership issuers; and
Each general and managing partner of partnership issuers.		, and
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer	∑ Director	General and/or Managing Partner
Full Name (Last name first, if individual)		•
Andrew Kraftsow		
Business or Residence Address (Number and Street, City, State, Zip Code)		
474 East Main Street, Ventura, CA 93001		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	M Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Michael_Bollag		
Business or Residence Address (Number and Street, City, State, Zip Code)		
7 East Mission Street, Suite B. Santa Barbara, CA	93101	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Benjamin Bollag	······································	
Business or Residence Address (Number and Street, City, State, Zip Code)		
7 East Mission Street, Suite B, Santa Barbara, CA	93101	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	M Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Richard Rosenblatt		• •
Business or Residence Address (Number and Street, City, State, Zip Code)	-	
219 Arizona Avenue, Santa Monica, CA 90401		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, if individual)	.4	
Allen Lay		
Business or Residence Address (Number and Street, City, State, Zip Code)		
19 Caballeros Road, Rolling Hills, CA 90274		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)	· · · · · · · · · · · · · · · · · · ·	
Michael Acks		
Business or Residence Address (Number and Street, City, State, Zip Code)		
3291 N. Buffalo, Suite 8, Las Vegas, NV 89129		
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Herb Roitblat		
Business or Residence Address (Number and Street, City, State, Zip Code)		
474 East Main Street, Ventura, CA 93001		

. Has the	issuer sold	or done th	n iscuar in	end to sall	to non sin	eredited is	vectore in	this affarir	102		Yes	No 🖅
	: 1850Ct 5010	, or does th			, to non-ac Appendix,				-			K
What is	the minimu	um investm					_				s 25	,000
						.,					Yes	No
Does th	ne offering p	ermit joint	ownership	of a singl	e unit?							K
commis If a pers or state	he informati ssion or simi son to be list s, list the na er or dealer,	ilar remuner ted is an ass me of the br	ation for so ociated per roker or de	olicitation of son or ager aler. If mo	of purchases nt of a broke re than five	rs in conne er or dealer (5) person	ction with s registered s to be liste	sales of sec with the Sl ed are assoc	urities in th EC and/or v	e offering. with a state		
ull Name ((Last name i	first, if indi	vidual)									
usiness or	Residence	Address (N	umber and	Street, Cit	ly, State, Z	ip Code)						
ame of As	ssociated Br	oker or Des										
tates in W	hich Person	Listed Has	Solicited	or Intends	to Solicit F	urchasers						
(Check	"All States	" or check	individual	States)							☐ Ail	States
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
	(Last name											
Business o	or Residence	: Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Name of A	ssociated B	roker or De	aler									.7.4
States in W	/hich Persor	n Listed Ha	s Solicited	or Intends	to Solicit I	Purchasers						
(Chaol	k "All State	s" or check	individual	States)	•••••		•••••			••••	□ A1	States
(Circu												
	AK	A7	ΔR	CA	[CO]	CT	DE	DC	FI	GA	HI	רחו
AL	AK IN	AZ IA	AR KS	CA KY	CO	CT ME	DE MD	DC MA	FL MI	GA MN	HI MS	ID MO
AL	IN NE	IA NV	AR KS NH	KY NJ	LA NM	ME NY		MA ND	MI OH	MN OK	MS OR	MO PA
AL IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
AL IL MT RI	IN NE	IA NV SD	KS NH TN	KY NJ	LA NM	ME NY	MD	MA ND	MI OH	MN OK	MS OR	MO PA
AL IL MT RI	IN NE SC	IA NV SD first, if ind	KS NH TN lividual)	KY NJ TX	LA NM UT	ME NY VT	MD	MA ND	MI OH	MN OK	MS OR	MO PA
AL IL MT RI Sull Name	IN NE SC (Last name or Residence	IA NV SD first, if ind	KS NH TN ividual)	KY NJ TX	LA NM UT	ME NY VT	MD	MA ND	MI OH	MN OK	MS OR	MO PA
AL IL MT RI Sull Name	IN NE SC	IA NV SD first, if ind	KS NH TN ividual)	KY NJ TX	LA NM UT	ME NY VT	MD	MA ND	MI OH	MN OK	MS OR	MO PA
AL IL MT RI Sull Name Susiness	IN NE SC (Last name or Residence	IA NV SD first, if ind e Address (KS NH TN Lividual)	KY NJ TX d Street, C	LA NM UT	ME NY VT	MD NC VA	MA ND	MI OH	MN OK	MS OR	MO PA
AL IL MT RI Full Name Business of A States in V	IN NE SC (Last name or Residence Associated B	IA NV SD first, if ind e Address (broker or De	KS NH TN ividual) Number ar ealer	KY NJ TX od Street, C	LA NM UT City, State,	ME NY VT Zip Code)	MD NC VA	MA ND WA	MI OH WV	MN OK WI	MS OR WY	MO PA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

•.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	i I			
	Type of Security		ggregate cring Price	Λm	ount Already Sold
	Debt	\$	0	\$	0
	Equity	\$ <u>3</u> ,	215,000	\$2,	890,000
	Common 🔀 Preferred				
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	\$	0	\$	0
	Other (Specify)	\$	<u> </u>	\$	00
	Total	\$ <u>3</u> ,	215,000	<u>\$2,</u>	890,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	e r• N	lumber nvestors		Aggregate Ilar Amount f Purchases
	Accredited Investors		13	\$ 2	2,890,000
	Non-accredited Investors				0
	Total (for filings under Rule 504 only)				
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.		e			
	Type of Offering		Type of ecurity	Do	ollar Amount Sold
	Rule 505		•	Ċ	
	Regulation A				
	Rule 504				
	Total				
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	e		*	
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees	,	🕅	\$_30	0.000
	Accounting Fees			\$	0
	Engineering Fees		П	\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify)			\$	0
	Total			\$ <u>3</u> (0,000

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PI	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ <u>2,860,000</u>
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	\$	
	Purchase of real estate		\$
	Purchase, rental or leasing and installation of machinery and equipment		_
	Construction or leasing of plant buildings and facilities		
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	\$	□ \$
	Repayment of indebtedness		_
	Working capital [
	Other (specify): Conversion of outstanding Promissory Notes [
		\$	_ 🗆 \$
	Column Totals	□\$ <u>1,134,0</u>	00 s <u>1,756,</u> 00
	Total Payments Listed (column totals added)		.890.000
	D. FEDERAL SIGNATURE		
si	ne issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice gnature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis e information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of I	ssion, upon writt	
Īs	1/10/1/10/1	Date ///03	/03
	DolphinSearch, Inc.	,	/
N	ame of Signer (Print or Type) Andrew Kraftsow Title of Signer (Print or Type) Chief Executive Officer		

- ATTENTION ---

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

11	E. STATE SIGNATURE
1	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	uer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned thorized person.
	Print or Type) Signature 11/04/23
	Print or Type) Title (Print or Type)
Andre	ew Kraftsow Chief Executive Officer

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

_				
	week were the rolling week. This washing	وأرفق المراقع والأسابة والأراب والمرابع والمراجع	And the second of the second	and the Control of the same and the same of the same o
				A THE PARTY IN THE TAX PARTY IN THE PARTY IN
	- Co. Dollar C. Commercial Professional Commercial States (1987) and the commercial Commercial States (1987) and the commercial Commercial States (1987) and the comm	SERTING RESIDENCE OF THE SERVICE OF THE RESIDENCE OF THE RESIDENCE OF THE SERVICE		APPENDIX
	the state of the s	あいか かいとめ たいがんけい こじい		LEE T TOT AND BENEVAL OF A 17.
•	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		* * * * * * * * * * * * * * * * * * * *	

1	to non-a	to sell ceredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pur	investor and rchased in State C-Item 2)		under Sta (if yes, explana waiver	ification ite ULOE
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									-
AZ									
AR									
CA		x	Series B Pref \$3,215,000		\$1,347,9	89			х
СО									
СТ									
DE									
DC									
FL									
GA		Х	Series B Pref \$25,000	erred	\$25,000				Х
н	ļ								
ID									
IL									
IN									
IA									
KS									
KY									
LA							•		
ME									
MD									
МА					7,11				
MI									
MN									ļ
MS									

APPENDIX 2 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part C-Item 1) (Part B-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Non-Accredited Accredited State Yes No **Investors** Amount Investors Amount Yes No MO MT NE Series B Preferred NV Х \$3,215,000 \$1,240,000 Х NH NJ NM Series B Preferred NY Х \$27,000 \$27,000 Х NC ND OH OK OR PA RΙ SC SD TN TX UT VTVAWA WV WI

1		2	3		4 5				
	to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	investor and rchased in State C-Item 2)		under Sta (if yes, explana waiver	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY						•			
PR									